

PATIENT SATISFACTION SURVEY

*Thank you for taking the time to fill out this questionnaire!
The results will help us monitor and improve the quality of our services.*

1. How satisfied are you with your hearing aids?
 Very Satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very dissatisfied

2. How many hours a day do you use your hearing aids?
hours _____

3. Would you recommend hearing aids to a friend with a hearing problem?
 Yes No Not sure

4. Would you recommend us to a friend with a hearing loss?
 Yes No Not sure

5. To what extent have hearing aid(s) improved the quality of your life?
 Great improvement Good improvement No improvement

6. How did you learn of our practice? *(Please check all that apply.)*
 friend or relative physician
 newspaper ad Yellow Pages
 reputation other (specify)

7. Do you have a hearing loss in one or two ears?
 one ear two ears

8. Do you wear a hearing aid in one or two ears?
 one ear two ears

OVER

9. Listed below are some **features about the services** we provide. Please place a check mark to show how satisfied you are with each factor.

| <i>Service Factor</i> | <i>Very satisfied</i> | <i>Satisfied</i> | <i>Neutral</i> | <i>Not satisfied</i> |
|--------------------------------|-----------------------|------------------|----------------|----------------------|
| Professionalism of audiologist | _____ | _____ | _____ | _____ |
| Patience of audiologist | _____ | _____ | _____ | _____ |
| Explanation of test results | _____ | _____ | _____ | _____ |
| Explanation of how to use aids | _____ | _____ | _____ | _____ |
| Appearance of office | _____ | _____ | _____ | _____ |
| Service after purchase | _____ | _____ | _____ | _____ |
| Waiting time in office | _____ | _____ | _____ | _____ |
| Parking | _____ | _____ | _____ | _____ |
| Friendliness of receptionist | _____ | _____ | _____ | _____ |

10. Listed below are some questions about your **hearing aid(s)**:

| <i>Hearing Aid Feature</i> | <i>Very Satisfied</i> | <i>Satisfied</i> | <i>Neutral</i> | <i>Not Satisfied</i> |
|----------------------------|-----------------------|------------------|----------------|----------------------|
| Overall fit/comfort | _____ | _____ | _____ | _____ |
| Cosmetic appearance | _____ | _____ | _____ | _____ |
| Quality of sound | _____ | _____ | _____ | _____ |
| Ease of use | _____ | _____ | _____ | _____ |
| Improved hearing in quiet | _____ | _____ | _____ | _____ |
| Improved hearing in noise | _____ | _____ | _____ | _____ |

Any comments you would like to make?

Name: _____

Date: _____

Thanks very much for your help!